



Clinical Congress News

The American College of Surgeons • 77th Clinical Congress • October 20-25, 1991 • Chicago

General Sessions

Here are the panel discussions, symposia, and general lectures that will be held Thursday under the Program Book listing "General Sessions."

Thursday

Symposium

Logistics of Surgery and Modern Warfare: Lessons Learned in "Desert Storm"
10:30 am in the Arie Crown Theatre in McCormick Place East

Papers Session II

1:00 pm in the Arie Crown Theatre in McCormick Place East

Annual Meeting of the Fellows and Initiates

4:00 pm in the Arie Crown Theatre of McCormick Place East

The Convocation

8:00 pm in the International Ballroom in the Chicago Hilton and Towers

Friday Agenda

- What's New in Surgery, 8:30 am - 12:00 noon McCormick Place East, McMahon Room South.

Dr. Straffon to become ACS President tonight

Ralph A. Straffon, MD, FACS, of Cleveland, OH, will be installed as the 72nd President of the American College of Surgeons tonight during the Convocation ceremonies that conclude the College's annual Clinical Congress. A native of Crosswell, MI, Dr. Straffon is chief of staff at the Cleveland (OH) Clinic Foundation.

Following military service with the United States Army from 1945 to 1946, Dr. Straffon earned an MD degree from the University of Michigan School of Medicine in 1953. He interned and spent 18 months in general surgery training at University Hospital, Ann Arbor. He then served as a research fellow in medicine with Dr. John Merrill in the renal laboratory of Peter Bent Hospital in Boston in 1956. Later that year, Dr. Straffon became a clinical instructor in surgery, section of urology, at the University (of Michigan) Hospital. He became a diplomate of the American Board of Urology in 1962.

In 1959, Dr. Straffon began a career at the Cleveland Clinic Foundation as a staff member in the department of urology. From 1963 to 1983, he served as chairman of the department of urology and in 1983, became chairman of the division of surgery. In 1987, he assumed his present position as vice-chairman of the board of governors and chief of staff of the Cleveland Clinic Foundation.



Ralph A. Straffon, MD, FACS

Dr. Straffon served as a trustee of the American Board of Urology (1973-79) and was its president (1977). He has served as president of the Council of Medical Specialty Societies (1983-84), the American Association of Genitourinary Surgeons (1984-85), and the Clinical Society of Genitourinary Surgeons (1986-87), while also filling numerous other committee appointments. He has served on the Residency Review Committee for Urology (1974-80) and was the chairman (1978-80).

Since becoming a Fellow of the American College of Surgeons in 1963, Dr. Straffon has served on the College's

Program Committee, Advisory Council for Urology (chairman, 1972), Central Judiciary Committee (chairman, 1985), Graduate Medical Education Committee, and Honors Committee. In addition, he served on the College's Physician Reimbursement Committee (1984-89). In 1980, Dr. Straffon was elected to the Board of Regents and served on the Executive Committee from 1986-1988.

Dr. Straffon is also a member of the American Urological Association, and he has been awarded membership in 37 other academic, regional, national, and international medical associations and societies.

Throughout his career, Dr. Straffon has disseminated his medical knowledge by holding visiting professorships at numerous medical institutions in the United States and abroad. He has been honored with the Distinguished Alumnus Service Award from the University of Michigan, the American Urological Association's Hugh Hampton Young Award, and the National Health Professional Award of the VNA. A prolific writer, Dr. Straffon is credited as the coauthor or coeditor of over 50 medical and scientific publications, including *Campbell's Urology*, *Vascular Problems in Urological Surgery*, and *Operative Urology*. He has also authored or coauthored 177 papers in scientific and medical journals on a variety of topics that

(continued on page 2)

Physicians implored to treat with humanity, not humaneness

"The deepest ethical principle restraining the physician's power is not the autonomy or freedom of the patient; neither is it his own compassion or good intention. Rather, it is the dignity and mysterious power of human life itself, and therefore, also what the Hippocratic Oath calls the purity and holiness of the life and art to which he has sworn devotion. A person can choose to be a physician, but he cannot simply choose what physicianship means."

The above quote by Dr. Leon Kass synthesizes yesterday's first ACS Lecture on Ethics and Philosophy, "I Will

Give No Deadly Drug': Why Doctors Must Not Kill." Dr. Kass is the Addie Clark Harding Professor in the College of Social Thought at the University of Chicago.

In defining the meaning of physicianship, Dr. Kass said that the physician's prime duty is to benefit the whole (soma and psyche) patient, which is manifest on earth only in living bodies. "There may be blood without consciousness, but there is never consciousness without blood...To say it plainly, to bring nothingness is incompatible with serving wholeness: one cannot heal—or comfort—by making nil."

Regarding euthanasia in America, Dr. Kass told the audience that its advocates are seeking legislative changes in several states that would legalize euthanasia. On November 5, he said, representatives in Washington will vote on Proposition 119, a voter initiative for aid in dying. As a cautionary note in the face of this legislation, Dr. Kass said that last year in Holland, some 5,000 patients were intentionally put to death by their physicians, "while authorities charged with enforcing the law against homicide agreed not to enforce it."

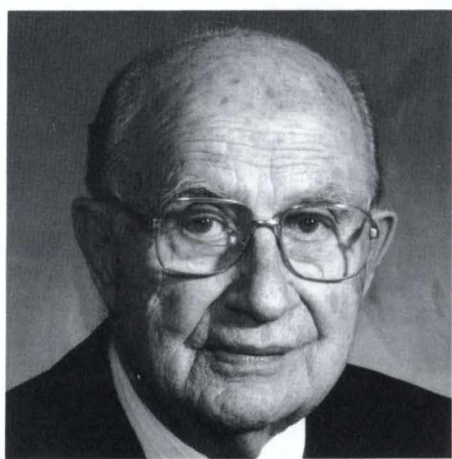
Dr. Kass said that advocates of eu-

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Dr. Kass

Dr. Zollinger to speak on the surgeon's image



Robert M. Zollinger, MD, FACS

Robert M. Zollinger, MD, FACS, of Columbus, OH, will deliver the Martin Memorial Lecture this afternoon at 3:15 in Arie Crown Theatre at McCormick Place East. Dr. Zollinger has titled the lecture, "Let's Improve Our Image."

Dr. Zollinger is professor and chairman emeritus in the department of surgery at The Ohio State University College of Medicine, a position he has held since 1974. Dr. Zollinger received both a BS (1925) and MD (1927) degree from the university. He interned

at Peter Bent Brigham Hospital under Dr. Harvey Cushing, and performed a residency at Lakeside Hospital of Western Reserve University, under Dr. Elliott C. Cutler.

In 1932, Dr. Zollinger began his academic career at Harvard Medical School, where he became assistant professor of surgery from 1939-1946. In 1946, he went to The Ohio State University College of Medicine as professor and chairman of the department of surgery, and in 1974 assumed his present position.

Dr. Zollinger holds memberships in

numerous national and international medical societies. He served as President of the American College of Surgeons from 1961-1962.

In today's lecture, "Let's Improve Our Image," Dr. Zollinger will discuss how the patient's image of the surgeon has been eroded, and what steps surgeons can take to improve that image. Specifically, he will review some "master surgeons" who have contributed to optimal patient care and to excellence in surgeon-patient relations. He will also explore the scope of general surgery, yesterday and today.

Clinical trials essential in breast cancer management

A capacity crowd heard Bernard Fisher, MD, FACS, deliver the annual Commission on Cancer Oncology Lecture yesterday morning. Dr. Fisher, who has served as chairman of the National Surgical Adjuvant Breast and Bowel Project (NSABP) since 1967, spoke on "Surgery for Breast Cancer in the Era of Molecular Biology."

Dr. Fisher dedicated his presentation to the "thousands of surgeons who are responsible for entering over 30,000 patients into clinical trials at NSABP over the last two decades."

Dr. Fisher noted that the 150,000 women who are diagnosed as having invasive breast cancer each year probably represent only the tip of the iceberg. Given this rate of detection, "it is not inconceivable that over one million women could have nondetectable breast cancer," he said.

In an effort to clarify the confusion that currently exists in the management of breast cancer, Dr. Fisher traced the evolution of medical paradigms surrounding this disease, beginning in 1899 with the Halstedian concept of tumor spread. This paradigm led to the use of radical mastectomy and radiation therapy and, when those treatment modalities failed to produce positive results, the use of modified mastectomy and simple radiation techniques.

In the mid-1950s and 1960s, a new

hypothesis regarding metastases and the dissemination of tumor cells throughout the body began to emerge and an alternate medical paradigm took shape. This paradigm viewed breast cancer as a systemic disease that is not time-oriented (as in the Halstedian). "The results of our work indicated that tumor-bearing nodes were indicators, not instigators, of breast cancer—a fact seemingly borne out by the results of the 1990 clinical trials," Dr. Fisher stated.

He outlined the components of clinical trials that are currently being undertaken by NSABP. They include trials testing the value of preoperative chemotherapy in women with invasive breast cancer. Dr. Fisher noted that "in the next few months, NSABP will begin evaluating tamoxifen as an agent that prevents, inhibits, or interferes with the clinical presence of breast cancer in older women."

Dr. Fisher concluded his presentation with a plea for surgeons to actively enroll their patients with breast cancer in clinical trials. "Surgeons must command the new ship that will probe the evolving treatment of breast cancer. You must supply the fuel [patients] to drive that ship. It is imperative that the systemic paradigm be allowed to develop and evolve. To abandon it is to abandon science," he said.

Congress Chronicle

The first Convocation

The first Convocation of the American College of Surgeons took place in the Gold Room of the Congress Hotel in Chicago on the evening of November 13, 1913. Sir Rickman J. Godlee, president of the Royal College of Surgeons of England, was given an honorary fellowship and presented a formal greeting to those in attendance "to show that we appreciate the intention of the American College to strengthen the bonds that already unite the medical profession amongst the English-speaking peoples." President J.M.T. Finney delivered the Presidential Address to the 1,059 new Fellows of the College, noting that "the history of surgery in the United States and Canada is opened to a new page. When at some future time the historian comes to write on that page the record of events that have led to this meeting, he will there record the taking of another step in the progress of medicine in general and of surgery in particular. What is consummated here tonight is destined to produce a deep and lasting impression upon medical progress not alone in those countries but indirectly the world over."

DR. STRAFFON, from page 1

are pertinent to the practice of urologic surgery and to the practice of surgery at large.

Other officials to be installed tonight are Arthur J. Donovan, MD, FACS, as First Vice-President, and James E. Bennett, MD, FACS, Second Vice-President.

Dr. Donovan is emeritus professor of the department of surgery at the University of Southern California School of Medicine, Los Angeles, CA. He has

served on the College's Committee on Graduate Medical Education, the Committee on International Relations, and the Board of Governors.

Dr. Bennett is Willis D. Gatch Professor Emeritus of Surgery at Indiana University Medical Center, Indianapolis, IN. He has served on the College's Advisory Council for Plastic Surgery, Committee on Medical Motion Pictures, Graduate Medical Education Committee, and Trauma Committee.

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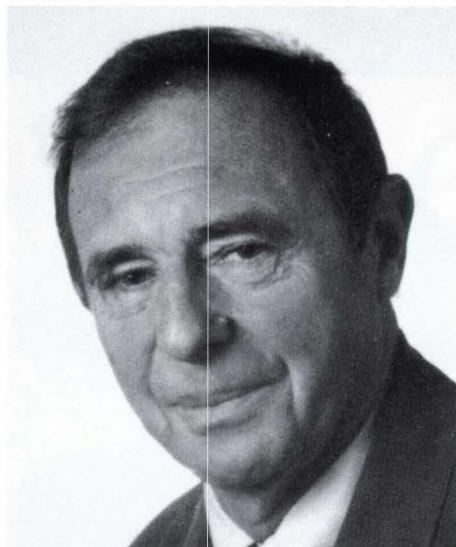
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ACS awards four Honorary Fellowships

Honorary Fellowship in the American College of Surgeons will be awarded tonight to four surgeons from the countries of France, Germany, Japan, and Spain. The awards will be presented during the Convocation ceremonies that conclude the Clinical Congress. The recipients will be:

Hiroshi Akiyama, MD, PhD, FRCS (Eng) (Hon), FACS, Tokyo, Japan. Dr. Akiyama is professor of surgery at Tokyo Medical College, and chairman of the department of surgery, deputy director, Toranomon Hospital, Tokyo.

Rudolf Hohenfellner, MD, PhD, Mainz, Germany. Dr. Hohenfellner is

professor of urology and the director of the department of urology at Johannes Gutenberg-University Mainz, and head of the department of urology at Mainz Medical School.

Louis Francois Hollender, MD, FRCS (Eng) (Hon), FACS, Strasbourg, France. Dr. Hollender is professor of general and digestive surgery at the University Louis Pasteur, Strasbourg.

Enrique Moreno Gonzalez, MD, FACS, Madrid, Spain. Dr. Moreno Gonzalez is professor of surgery at Complutense University, Madrid; head of the department of surgery at San Rafael Pediatrics Hospital, Madrid; and head of general and digestive surgery at Doce de Octubre Hospital, Madrid.

Presenting the Honorary Fellowships on behalf of the College will be Alexander J. Walt, MD, FACS, Detroit, MI; Paul C. Peters, MD, FACS, Dallas, TX; George L. Jordan, Jr., MD, FACS, Houston, TX; and Seymour I. Schwartz, MD, FACS, Rochester, NY.

The awarding of Honorary Fellowships during the Convocation ceremonies is one of the highlights of the Clinical Congress. Fellowship in the American College of Surgeons is awarded during the ceremonies to surgeons whose education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation and have been found to be consistent with the

high standards established and demanded by the College. This year, over 1,350 surgeons from around the world will be admitted into Fellowship during the Convocation ceremonies. The College now has over 50,000 members, and is the largest organization of surgeons in the world.

The first Honorary Fellowship in the College was awarded to Sir Rickman Godlee, President of the Royal College of Surgeons, who received the honor during the College's first Convocation in 1913. Since then, 334 internationally prominent surgeons, including the four chosen tonight, have been named Honorary Fellows of the American College of Surgeons.

Allied Meetings

Please note: A number of medical school alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to registration in McCormick Place.

Thursday

Morning

American Society of Colon & Rectal Surgeons, General Surgical Residents
7:00 am - 8:00 am. Breakfast Meeting.

Hilton & Towers, Williford B, Third Floor.

New York State Society of Surgeons, Upstate Chapter

7:00 am - 11:00 am. Breakfast Meeting.
Hilton & Towers, Astoria Room, Third Floor.

Exhibitors' Advisory Committee, American Society of Colon & Rectal Surgeons

7:30 am - 9:00 am. Breakfast Meeting.
Hilton & Towers, 5D, Fifth Floor.

The Society of University Urologists

7:30 am - 10:30 am. Breakfast Meeting.
Hilton & Towers, Marquette Room, Third Floor.

Socio-Economic Legislative Committee, American Society of Colon & Rectal Surgeons

9:00 am - 10:30 am. Breakfast Meeting.
Hilton & Towers, 5H, Fifth Floor.

Afternoon

Bylaws Committee, American Society of Colon & Rectal Surgeons

12:30 pm - 2:30 pm. Luncheon Meeting.
Hilton & Towers, 5H, Fifth Floor.

The Society of University Urologists

12:30 pm - 5:00 pm. Meeting.
Hilton & Towers, Williford B, Third Floor.

Editorial Board of DC&R, American Society of Colon & Rectal Surgeons

4:00 pm - 6:00 pm. Meeting.
Hilton & Towers, 5H, Fifth Floor.

Evening

The Society of University Urologists

5:00 pm - 7:30 pm. Reception.
Hilton & Towers, Williford C, Third Floor.

The University of Arizona College of Medicine Alumni Association

5:30 pm - 7:30 pm. Reception.
Hilton & Towers, PDR #3, Third Floor.

Friday

Morning

American Society of Colon & Rectal Surgeons Mediation Committee

7:30 am - 8:30 am. Breakfast Meeting.
Hilton & Towers, 5C, Fifth Floor.

The Society of University Urologists

7:30 am - 11:45 am. Meeting.
Hilton & Towers, Williford B, Third Floor.



Recipients of the 1991 International Guest Scholarships, who are selected each year by the ACS International Relations Committee, gathered for a portrait on Tuesday. From left to right are: Tindivanam Muthuramgam Ramanujam, FRACS, Tamil Nadu, India; Doctor Baadur Avtandilovich Mosidze, Tbilisi, Georgia, USSR; Leonard E. K. Lema, MB, BS, Muhimbili, Dar es Salaam, Tanzania; Rose Marie O. Rosete-Liquete, MD, Quezon City, Philippines; Doctor Alberto Raul Ferreres, Buenos Aires, Argentina; Spencer Wynyard Beasley, FRACS, Melbourne, Australia; and Doctor Herbert Garcia, Panama, Panama.



Past DSA recipients meet at Congress

Past ACS Distinguished Service Award recipients gathered on Tuesday for a luncheon. Seated, from left to right, are: C. Thomas Thompson, Tulsa, OK; C. Barber Mueller, Hamilton, ON; and Vallee L. Willman, St. Louis, MO. Standing left to right: George E. Block, Chicago, IL; Seymour I. Schwartz, Rochester, NY; Frank Padberg, Chicago, IL; David W. Robinson, Shawnee Mission, KS; Luis F. Sala, Ponce, PR; George W. Stephenson, Chicago, IL; and Harris B. Shumacker, Jr., Indianapolis, IN.

Surgeons encouraged to be scientists

At yesterday's I. S. Ravdin Lecture in the Basic Sciences, "Role of Surgeon-Scientists in Medical Progress," Joseph Murray, MD, FACS, answered in the affirmative to the question, can an MD without a PhD do effective research?

"This is the best time in history for a surgeon to embark upon a scientific career," Dr. Murray told the audience. He continued to say that surgeons are well equipped to contribute to the laboratory, as clinical situations that they encounter stimulate laboratory projects, and since surgeons understand the concept of team play, which is essential in research projects.

Dr. Murray then cataloged the many surgeon-scientists who have contributed to all major fields of surgery, and told the audience that one never knows the far-reaching results of one laboratory study. Specifically, he cited the example of John Hunter's 1779 "Account of the Free Martin" as one of the origins of transplantation.

He said that young surgeons today may believe that they cannot achieve

the status of great contributors such as Zollinger, Gross, DeBakey, Blalock, and Moore. However, he said, "Curiosity, persistence, and drive are no different today than they were then...they are the touchstones of creative achievements."

He suggested that young surgeons select a clinical project that they believe may be soluble in the laboratory and pursue it. Dr. Murray said that at the height of his laboratory career, he set aside two days each week for laboratory review and brainstorming. In contrasting the scientist and surgeon, Dr. Murray pointed out three differences:

1. The scientist is aware of ignorance when approaching a problem; the surgeon is expected to know the answer.

2. The scientist can defer a decision until all the evidence is in; the surgeon must make a decision on the data available.

3. The scientist works with group phenomena; the surgeon usually works with just one patient.

In concluding, Dr. Murray reminded the audience that, "Scientists can't be surgeons, but surgeons can be scientists."

Program Changes

At the What's New in Surgery program on Friday at 8:30 am, the *first* presentation will be "What's New in Pediatric Surgery" by Dr. Moritz Ziegler. The *second* presentation will be "Critical Care and Metabolism" by Dr. Ronald V. Maier. "General Thoracic Surgery" will not be presented, but will be submitted at a later date to the *Bulletin*. Subsequent presentations will follow the order appearing in the Program Book, page 36.

Please note: Today's Orthopaedic Surgery Interdisciplinary Symposium (9:00 am in McCormick Place East, Room 8), "Mechanical and Electrical Control of Cellular Responses in Injury and Repair," will present some new material on the electrical response of tissues that would be of interest to experts in the areas of plastic, vascular, and neurologic surgery, as well as to general surgeons.

ETHICS, from page 1

thanasia, who believe that physicians may kill at the patient's request because of patient autonomy or in other circumstances out of general benevolence and compassion, assume that the medical profession is "amoral: technically competent but morally neutral." However, Dr. Kass said, "Being a professional is more than being a technician. It is rooted in our moral nature; it is a matter not only of the mind and hand but also of the heart...For it is only as a being willing and able to devote himself to others and to serve some high good that a person makes a public profession of his way of life. To profess is an ethical act, and it makes the professional qua professional a moral being who prospectively affirms the moral nature of his activity."

Dr. Kass told the audience that he does not disagree with the cessation of medical treatment when that treatment merely prolongs painful or degraded dying, nor does he oppose certain measures that relieve suffering that may have an increased risk of death; "doctors may and must allow to die," he said. He proscribes the intentional killing of patients, or mercy killing. He said that "to intend and to act for someone's good requires their continued existence to receive the benefit... there is no benefit without a beneficiary."

Dr. Kass contends that the patient-physician relationship is eroded if doctors become licensed to kill, since "the patient's trust in the doctor's wholehearted devotion to the patient's best

interest will be hard to sustain once doctors are licensed to kill."

Dr. Kass said that those who advocate euthanasia often pose the question, why do we allow animals to be "put out of their misery" by a veterinarian, but do not make the same allowance for human beings? "It is precisely because animals are not human that we must treat them (merely) humanely. We put dumb animals to sleep because they do not know that they are dying, because they can make nothing of their misery or mortality, and therefore, because they cannot live deliberately in the face of their own suffering or dying...But when a conscious human being asks us for death, by that very action he displays the presence of something that precludes our regarding him as a dumb animal. Humanity is owed humanity, not humaneness. Humanity is owed the bolstering of the human, even or especially in its dying moments," he said.

Today's physicians, steeped in technology, Dr. Kass said, tend to regard dying as a failure of treatment, and are asked through requests for mercy killing to provide a final, technical solution for human finitude.

In suggesting the moral framework within which doctors should craft decisions about their patient's fate, Dr. Kass said, "Not the alleged humanness of an elixir of death, but the humanness of connected living-while-dying is what medicine—and the rest of us—most owes the dying. The treatment of choice is company and care."

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 17,802. Of that number, 9,406 were physicians and 8,396 were exhibitors, guests, spouses, or convention personnel.